STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
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Office of Preparedness & Response
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June 7, 2007
Public Health & Emergency Preparedness Bulletin: # 2007:22
Reporting for the week ending 06/02/07 (MMWR Week #22)

Current Threat Levels:
National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

REVIEW OF DISEASE SURVEILLANCE FINDINGS
COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic***	**Meningococcal***	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#22, 2006:	6	-	

6 outbreaks were reported to DHMH during MMWR Week 22 (May 27-June 2, 2007):

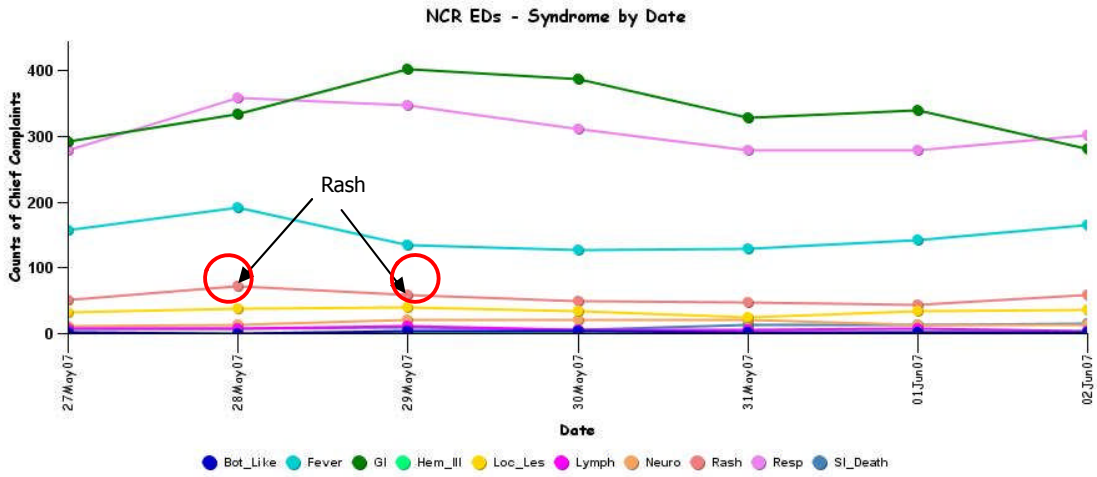
1 Foodborne Gastroenteritis outbreak
1 outbreak of FOODBORNE GASTROENTERITIS associated with a Restaurant

2 Foodborne Intoxication outbreaks
1 outbreak of SCOMBROID POISONING associated with a Restaurant
1 outbreak of CIGUATERA FISH POISONING associated with a Restaurant

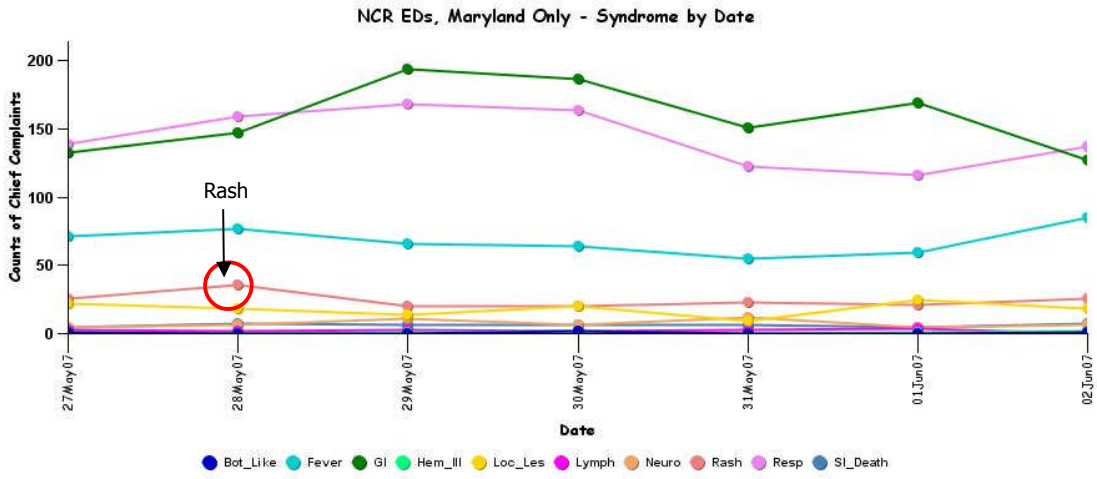
3 Rash Illness outbreaks
2 outbreaks of SCABIES associated with Nursing Homes
1 outbreak of CHICKENPOX associated with an Institution

SYNDROMIC SURVEILLANCE REPORTS:

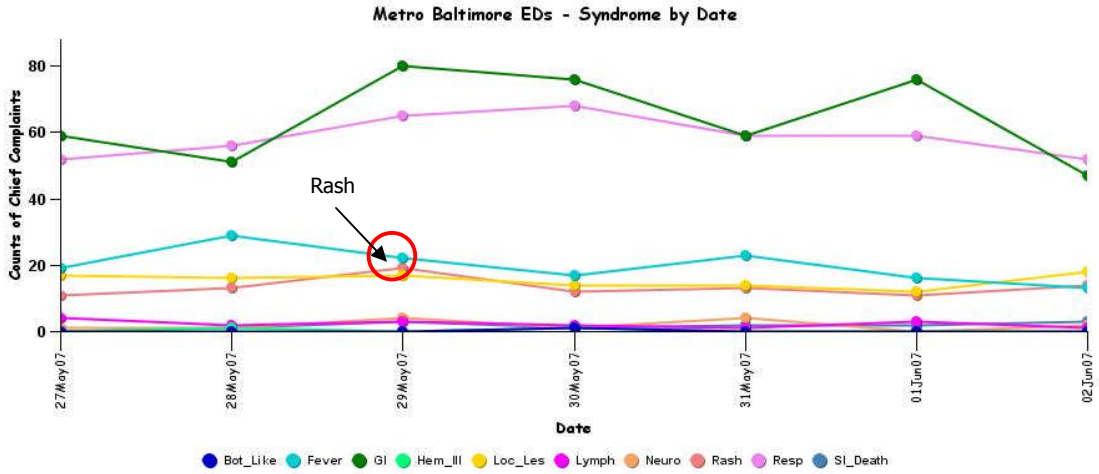
ESSENCE (Electronic Surveillance System for the Early Notification of Community-base Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. * Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

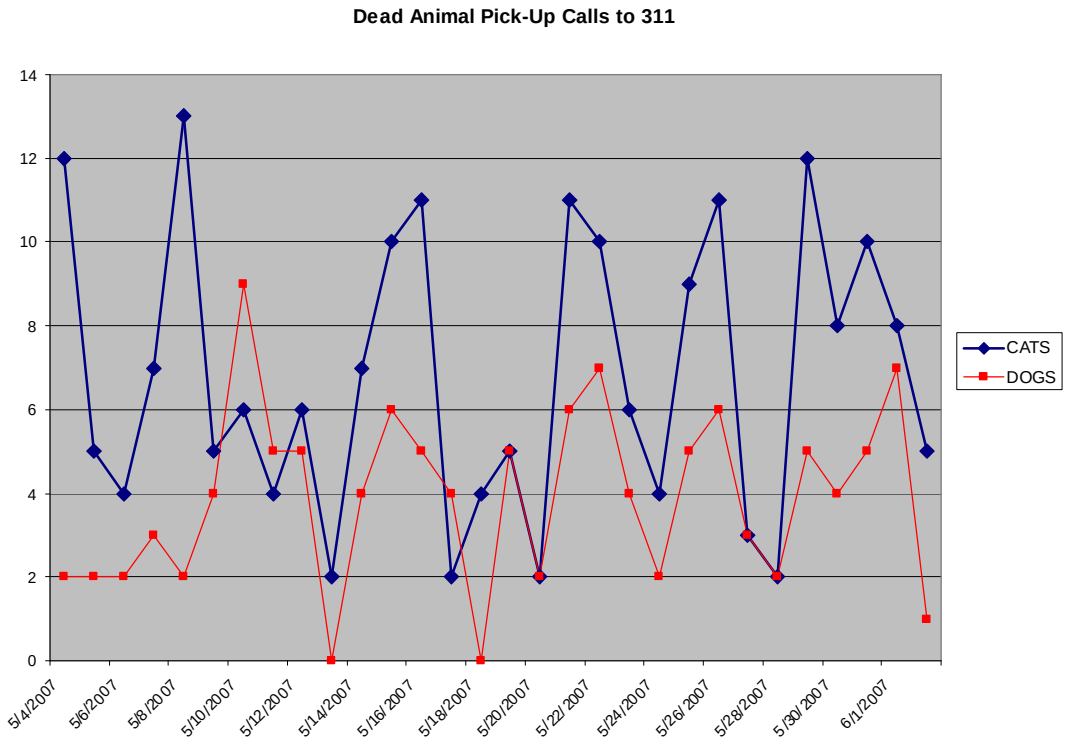


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



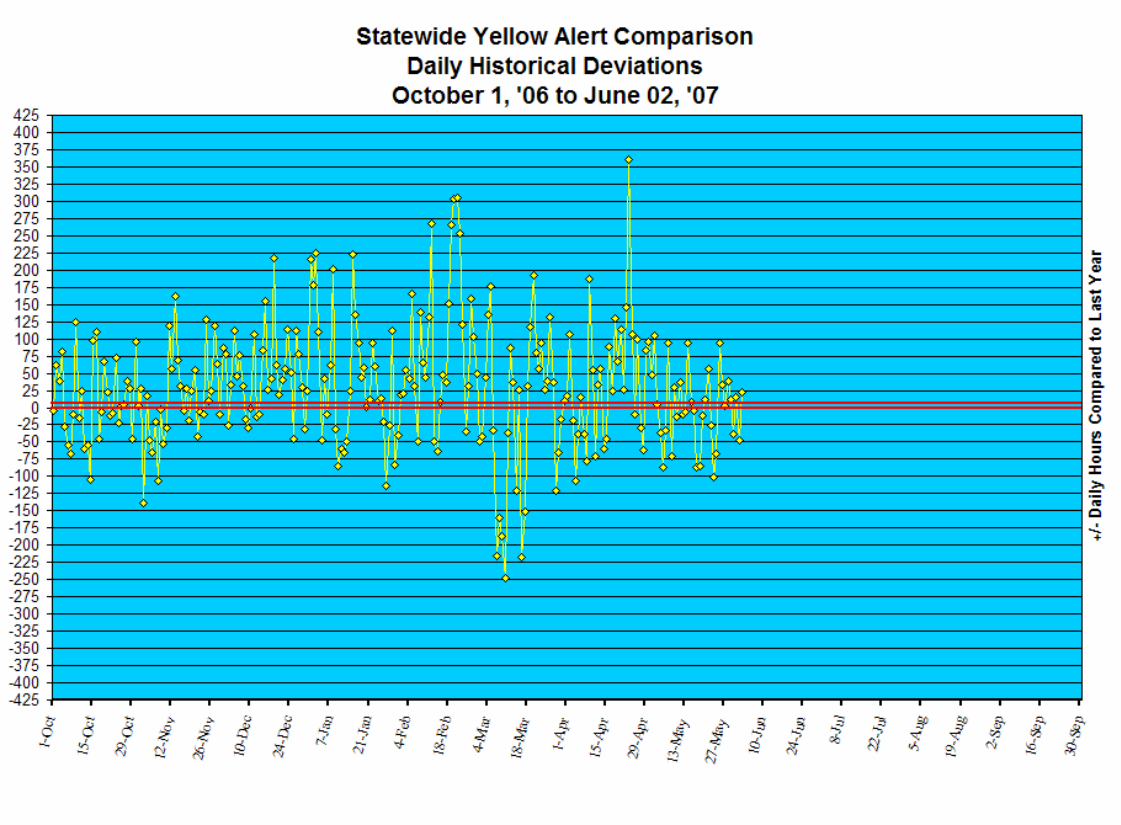
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

Baltimore City Syndromic Surveillance Project: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF MORTALITY REPORTS:
OCME: OCME reports no suspicious deaths related to BT for the week

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION
YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



NATIONAL DISEASE REPORTS:

PLAGUE, FELINE (Colorado): 27 May 2007**,** State health officials in Colorado confirmed on May 25 that the death of a domestic cat was caused by plague. "While a case of cat plague is a public health concern, this is not an uncommon finding in areas where plague is circulating," said John Pape, an epidemiologist who specializes in animal-related diseases for the Disease Control and Environmental Epidemiology Division at the Colorado Department of Public Health and Environment. So far this year, at least 15 squirrels have tested positive for plague in the Denver metro area. Additionally, a rabbit at City Park in Denver also tested positive for plague, and a monkey from the Denver Zoo was confirmed to have died from the bacteria. Pape says plague was found in wild animals in 25 different Colorado counties last year. State health officials say cats are very susceptible to contracting plague because they will commonly eat rodents which were infected. Pape says last year, 23 cats were diagnosed with plague. Officials say cats infected with plague become extremely ill and have many of the same symptoms humans do: high fever, severe lethargy and swollen lymph nodes. If you think your cat has been infected, you are advised to contact a veterinarian. Dogs are generally resistant to plague, but can bring infected fleas into the home, according to state health officials. Officials say most human plague cases occur from infected fleabites, but can also result from direct contact with blood of an infected animal. (Plague is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

HANTAVIRUS (New Mexico): 31 May 2007, A Taos County woman has died of complications from a hantavirus infection, the state Department of Health says. The 59-year-old woman, who had been treated at the University of New Mexico, is the only person to have been diagnosed with the illness so far this year in New Mexico. The disease is transmitted by infected rodents - particularly deer mice - through urine, droppings or saliva. People contract the disease by breathing in the dried particles infected with the virus. Early symptoms include fever and muscle aches, possibly with chills, headache, nausea, vomiting, diarrhea, abdominal pain and a cough. The symptoms develop one to 6 weeks after exposure. There is no specific treatment for hantavirus, but officials said the chances for recovery are better if people get medical attention early. The Department advises airing out closed buildings before entering, cleaning up nests and droppings using disinfectant, sealing homes and cabins so mice cannot enter, trapping mice until they are gone, getting

rid of trash and junk piles, not leaving pet food and water where mice could get to them and putting wood, hay and compost piles as far as possible from the house. New Mexico had 8 hantavirus cases, 3 of them fatal, last year. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHIKUNGUNYA, SUSPECTED (India): 27 May 2007, On May 27, panic gripped Kural village in Orissa's Nayagarh district after 4 persons died from suspected chikungunya fever in the past 4 days, a health official stated. The dead were among 642 persons affected by the disease in the village, nearly 120 km from Bhubaneswar. The village is the biggest in Nayagarh district and has a population of around 8000. "The disease has spread to other villagers due to negligence on the part of health officials who didn't bother when the 1st case was reported," alleged Lokanath Sahu, Chairman of Odagaon block. "Cases are increasing day by day. All the affected persons are suffering from high fever and severe pain in limbs and joints," said Bijay Paikray, Sarpanch of Kural gram panchayat. "We were under the impression that the disease will not lead to death. But we are shocked by the incident (the death of the 4 persons). The problem of lack of proper food and care is being faced by the affected," he added. A team of specialists from Bhubaneswar visited the village on May 26. "We have found Aedes mosquitoes in the locality. This mosquito is the carrier of the chikungunya and dengue viruses. So from the symptoms of the disease, a possible outbreak of chikungunya fever cannot be ruled out," said B Nageswar Rao, chief of the specialist team. "Orissa does not have adequate testing facilities. Serum has been collected from 51 patients and sent to the National Institute of Virology, Pune for tests," he added. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 27 May 2007, According to the Press Service of Rosselhoznadzor (the National Surveillance Center), a resident of the village of Jukovo contracted Crimean-Congo hemorrhagic fever (CCHF), and 7 days later he died. The investigation has shown that he was infected by a tick bite at a picnic on May 9. On May 11, all cattle in the Oktyabrskk region were treated with an anti-acaracide compound. On May18, the administration of the Volgograd region established an office to combat the spread of CCHF. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

GASTROENTERITIS, CRUISE SHIP (China): 30 May 2007, The Hong Kong Department of Health is investigating a gastroenteritis outbreak involving 88 passengers and 4 crew members aboard a cruise ship that arrived in Hong Kong on May 30. The 44 male and 44 female passengers, aged 3 to 83, and the 4 crew members came down with diarrhea, vomiting and fever between May 21 and 29. None required hospitalization. 70 have recovered, while the others are in stable condition after treatment by the ship's doctor. The ship, carrying 639 passengers and 465 crew members, left Singapore on May 20, stopping in Ko Samui and Bangkok in Thailand as well as Ho Chi Min City and Da Nang in Viet Nam. Port Health Office and Centre for Health Protection staff have inspected the ship and advised control measures. The ship will be thoroughly disinfected before its next cruise. The crew has been advised to observe personal and food hygiene. Laboratory tests on patients' samples are being conducted. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHIKUNGUNYA (Indonesia): 30 May 2007, About 100 people in Bandarlampung have been affected by an outbreak of chikungunya, a usually non-fatal viral fever spread by mosquitoes. The outbreak has been centered in the village of Langkapura in Kemiling district. Most of those infected have not sought medical treatment because they cannot afford to go to a community health center or see a doctor. Chikungunya is characterized by high fever and severe joint pain, which can last for up to a week. The virus that causes the disease is spread though the bite of either the Aedes africanus or the Aedes albopictus mosquito, which also can carry dengue fever virus. A 30-year-old female resident of Langkapura village, said she had suffered high fever and joint pain for the last 10 days. "The doctors said I have chikungunya. The sad thing is that my husband and child are also infected. My child even fell unconscious." Nurdin, head of a neighborhood unit in the village, said the chikungunya outbreak started last month. "Initially, only dozens of residents were infected, now that number has jumped to about 100. Nurdin asked the Bandarlampung authorities for help in dealing with the outbreak. "Many of the sufferers are already better, but the number of new infections is still on the rise," Nurdin said. He said authorities had only fumigated the village once to kill the mosquitoes. "We want more fumigation." Nuryahman, who staffs a mobile community health unit, said he had taken blood samples from 12 people and sent the samples to the laboratory of the Health Research and Study Agency in Jakarta. "However, we have not yet received the results of the lab tests." Bandarlampung Health Office head Reihana said Langkapura was particularly vulnerable to chikungunya outbreaks because of the poor sanitation in the village. He also said much of the village was filled with bushes and water-filled potholes. "Such conditions are ideal for the mosquitoes to breed. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

CHIKUNGUNYA (India): 31 May 2007, About 25 000 people are in hospitals in Kerala with symptoms of chikungunya, the Health Minister P. K. Sreemati said on May 31. Thousands more with fever and other symptoms were undergoing outpatient treatment in districts such as Kottayam, Pathanamthitta, Ernakulam, Kollam and Thiruvananthapuram. The disease is spread by mosquitoes, which had multiplied in the southern districts during the past few weeks. The Minister said that the Health Department in association with the Department of Local Self Government would undertake a week-long drive starting on June 5 for vector control with public participation. The mosquito density in the districts is greater than that observed in an outbreak that occurred last year in Alappuzha. Ms. Sreemati said that the cabinet had sanctioned a week's free rations to poor families affected by the disease in all districts. About Rs. 2 crores (USD 496 000) had been

sanctioned for providing mosquito nets for the patients and acquiring fogging machines and sprayers. Local bodies would be implementing special schemes for improving sanitation and clearing waterlogged canals and streams. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents)* Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 2 Jun 2007, As of May 28, 10 cases of Crimean-Congo hemorrhagic fever (CCHF) had been registered in the Stavropol region. The regional office of Rospotrebnadzor (Territorial Directorate of the Federal Services for Consumer Protection and Human Welfare) stated that 5 of the 10 patients had recovered and been discharged, while the other 5 remained in hospital. Cases of CCHF were confirmed in 8 regions of the area - 2 cases each in Budyonovsk and Neftekumsk, and one case in each of the Apanasenkovskoe, Blagodarnenskoe, Izobilnenskoe, Ipatovskoe, Krasnogvardeyskoe, and Novoselitskoe districts. The regional office of Rospotrebnadzor reported that in the majority of cases the transmission of CCHF by tick bite occurred during contact with farm animals. In 3 cases, however, the tick bite occurred during excursions into the countryside. Since the beginning of the outbreak, a total of 84 people, including 18 children under 14 years of age, have been admitted to hospital on suspicion of having contracted CCHF. Of the suspected cases, 39 are still in hospital. The regional Rospotrebnadzor office also stated that 2271 people had sought medical treatment for tick bites, 985 of whom were children. This year, ticks are very active in the Georgievsk, Shpakovskoe, Predgornoe, and Mineralovodskoe regions, and in the cities of Kislovodsk, Pyatigorsk, and Stavropol. The Rospotrebnadzor office has emphasized the responsibility of those involved in supervising outdoor activities for children to ensure that adequate measures have been taken for protection from, and treatment of tick bites. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

AVIAN INFLUENZA-RELATED REPORTS

WHO update: The WHO-confirmed global total of human cases of H5N1 avian influenza virus infection as of 31 May 2007 stands at 309, of which 187 have been fatal.

AVIAN INFLUENZA, HUMAN (China): 27 May 2007, China's Ministry of Health has confirmed a new human case of bird flu, the Ministry announced on its website on May 26. A 19-year-old soldier in the People's Liberation Army (PLA), is now receiving treatment at an army hospital, the Ministry said. A Ministry spokesman declined to say in which part of the country the soldier was stationed or how he may have come in contact with the virus. The man developed symptoms of fever, cough, and pneumonia on May 9. He was sent to an army hospital on May 14, where he remains hospitalized. Tests performed by the local Center for Disease Control and Prevention (CDC) on May 18, showed that he had been infected with bird flu virus serotype H5N1. The result was confirmed by Chinese and PLA CDCs on May 23. The website did not indicate Cheng's current condition. The ministry said leaders of the State Council and the Central Committee of PLA were "highly concerned" by the case. They have ordered the army to cooperate with the local health bureau to closely monitor those who have had close contact with the patient. So far, none have shown symptoms of the disease. According to the website, China's Health Ministry has conveyed the information to the World Health Organization (WHO), health agencies in Hong Kong, Macao, Taiwan, and some countries. China has reported a total of 25 human cases of bird flu since 2003, which have caused 15 deaths.

AVIAN INFLUENZA, HUMAN (Indonesia): 31 May 2007, A 45-year-old Indonesian man from central Java has died of bird flu, a health ministry official said on May 30. The man from Grobogan died on Monday after being hospitalized on May 17, Joko Suyono of the ministry's bird flu centre said by telephone. The Indonesian authorities were still investigating, but the man was believed to have slaughtered and eaten a sick chicken, while dead fowl were found near his home, the official said. The man's death brings the number of confirmed human fatalities in Indonesia to 78, the highest in the world.

AVIAN INFLUENZA, HUMAN (Indonesia): 1 Jun 2007, The death of the Indonesian teenager from Central Java takes the human death toll from H5N1 avian influenza virus in Indonesia to 79. To date, there have been 99 human cases of the disease in the Southeast Asian country.

AVIAN INFLUENZA H7N2, HUMAN (United Kingdom): 1 Jun 2007, Several cases of influenza-like-illness (ILI) and/or conjunctivitis in humans have been linked to an outbreak of avian influenza in poultry at a smallholding near Corwen in northern Wales, in the United Kingdom. Three of the cases were hospitalized. The Department for Environment, Food, and Rural Affairs (DEFRA) has identified H7N2, a low pathogenic strain of avian influenza (LPAI), as the cause of the poultry outbreak. Four human cases (2 in Wales and 2 in northwest England) have confirmed influenza A infection and are closely linked in time and place to the discovery of the H7N2 avian influenza virus. Since there are currently very low levels of seasonal influenza in the UK, it is presumed that they are infected with influenza H7N2. Antiviral medication was given to 3 of the cases and all have now recovered. The poultry infections have been traced back to a public market selling poultry in Chelford, northwest England, on May 7. In accordance with UK policy, it was decided to offer antivirals to anyone who may have been exposed to the diseased poultry or had close contact with cases. By May 30, 20 avian flu contacts had been identified who have or have had symptoms of an ILI or conjunctivitis. The National Public Health Service (NPHS) of Wales identified 256 people who might have had contact with the avian flu: in household settings, in a school, and in the workplace setting, including patients and staff at 2 hospitals. As a precaution because of contact with a healthcare worker who became sick with an ILI and is a part of the outbreak, 79 patients and staff from Ward 6 at Ysbyty Glan Clwyd have been offered antiviral medication. Another 69 patients and staff from the Accident and Emergency Unit, Trysfan Ward and Gogarth Ward at Ysbyty Gwynedd are also being contacted because a

patient, who is now discharged, is being treated for the avian flu virus. As of May 29, the NPHS had received microbiological test results from 12 patients in Wales. They were tested for the influenza A viruses, including the H7 subtype that was isolated from the affected poultry. One test was positive for the H7 subtype and one for influenza A. Investigations are ongoing in the UK and further results and updates will become available through the websites of the relevant authorities - the Health Protection Agency, DEFRA, the Welsh Assembly Government, and the NPHS for Wales.

AVIAN INFLUENZA, HUMAN (Vietnam): 2 Jun 2007, Viet Nam confirmed a new human bird flu case on Jun 1 as the latest outbreak swept through 14 provinces within the last month. A worker at a slaughterhouse in Hanoi had tested positive for the H5N1 virus strain, Nguyen Duc Hien, head of the National Institute for Tropical Diseases, said. He was admitted to the institute on May 26, just 12 days after starting to work at the abattoir. Hien said the man was recovering and his condition stable. Director of Hanoi's Bach Mai Hospital, Tran Thuy Hanh, said in the past 2 days 2 patients had been admitted with typical bird flu symptoms, one of whom had died on Jun 1. The hospital had taken samples from them for tests, she added.

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information is a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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